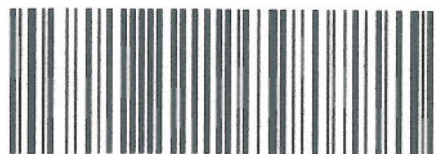


HERS

ental Group, LLC
n Road
le, VT 05661

CERTIFIED MAIL™



7008 3230 0001 3627 3805



POSTAGE
PAID
MORRISVILLE, VT
05661
JUN 18 2012
AMOUNT

\$6.40
1039958-04

**RETURN RECEIPT
REQUESTED**

U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
Boston, MA 02109-3912

**RETURN RECEIPT
REQUESTED**

Homan
5-42



CROTHERS

Environmental Group, LLC

29 Duncan Road

Morrisville, VT 05661

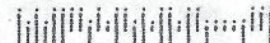
CERTIFIED MAIL™



7008 3230 0001 3627 3805

RETURN RECEIPT
REQUIRED

U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
Boston, MA 02109-3912

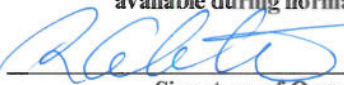



Page 1 of 2

Operator Project # CEG888200		Postmark 6/18/12		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Building 10 North							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 5,000 sq.ft. per floor		# of Floors: 3		Age in Years: 95 +/-			
Present Use: State Offices		Prior Use: State Hospital					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: Crothers Environmental Group, LLC							
Address: 29 Duncan Road							
City: Morrisville		State: Vermont		Zip Code: 05661			
Contact: Chris Crothers		Telephone: (802) 888-1936		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled being collected by an accredited asbestos inspector and will be analyzed by a NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
			Category I	Category II	Category I	Category II	
Pipes (linear feet)		TBD	TBD		0	0	
Surface Area (square feet)		TBD	TBD		0	0	
Facility Components (cubic feet)					0	0	
VIII. Scheduled Dates Demolition or Renovation:			Start: 07/02/12		Complete: 12/30/12		
IX. Dates for Asbestos Removal (MM/DD/YY)			Start: 07/02/12		Complete: 08/30/12		
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Asbestos-containing materials to be removed. State personnel to begin salvage operations. After ACM removal Building will then be demolished utilizing heavy equipment, such as an excavator.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring.		
XII.	Waste Transporter #1 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Waste Transporter #2 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Same as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 06/18/12 _____ Date </div> <div style="width: 40%;"> Chris Crothers - Owner's Consultant _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 06/18/12 _____ Date </div> <div style="width: 40%;"> Chris Crothers - Owner's Consultant _____ Type or Print Name and Title </div> </div>		

Page 1 of 2

Operator Project # CEG888200		Postmark 6/13/12		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Osgood Building							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 9,500 sq. ft. per floor		# of Floors: 4		Age in Years: 80 +/-			
Present Use: State Offices		Prior Use: State Hospital					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: Crothers Environmental Group, LLC							
Address: 29 Duncan Road							
City: Morrisville		State: Vermont		Zip Code: 05661			
Contact: Chris Crothers		Telephone: (802) 888-1936		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory. Additional samples currently being collected.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	180			0	0		
Surface Area (square feet)			200	0	0		
Facility Components (cubic feet)				0	0		
VIII. Scheduled Dates Demolition or Renovation:		Start: 07/02/12		Complete: 12/30/12			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 07/02/12		Complete: 08/30/12			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

Asbestos-containing materials to be removed. State personnel to begin salvage operations. After ACM removal Building will then be demolished utilizing heavy equipment, such as an excavator.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring.

XII. Waste Transporter #1

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator


06/18/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/18/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

Page 1 of 2

Operator Project # CEG888200		Postmark 6/18/12		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: 5 Park Row							
Address: 5 Park Row							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 800 sq.ft.		# of Floors: 1 plus basement		Age in Years: 50 +/-			
Present Use: State Offices		Prior Use: State Hospital Residence					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: TBD if necessary							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sample collected by an accredited asbestos inspector and being analyzed by a NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
				Category I	Category II	Category I	Category II
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:				Start: 07/02/12		Complete: 12/30/12	
IX. Dates for Asbestos Removal (MM/DD/YY)				Start: 07/09/12		Complete: 08/30/12	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

State personnel to begin salvage operations. Asbestos to be removed if present. Building will then be demolished utilizing heavy equipment, such as an excavator.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring.

XII. Waste Transporter #1

Name: TBD if needed

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

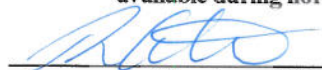
2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

06/18/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/18/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

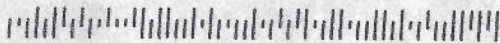


CROTH

Environm

29 Duncan Road
Morrisville, VT 05661

CERTIFIED MAIL™



7008 3230 0001 3627 3812



1000

1A A 5-4

**RETURN RECEIPT
REQUESTED**

U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications

EPA
5 POST OFFICE SQ STE 100
BOSTON MA 02109

CERTIFIED MAIL™



008 3230 0001 3627 3812



1000



02109

U.S. POSTAGE
PAID
WATERBURY, VT
05676
JUN 19, 12
AMOUNT

\$6.60

00058659-05

1A A 5-4

U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications

EPA
5 POST OFFICE SQ STE 100
BOSTON MA 02109

Page 1 of 2

Operator Project # CEG888200		Postmark 6/19/12		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Old Laundry Building							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 9,100 sq.ft.		# of Floors: 1		Age in Years: 100 +/-			
Present Use: State Offices				Prior Use: State Hospital Laundry			
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)		60					
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 08/23/12		Complete: 12/30/12			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 07/16/12		Complete: 08/30/12			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, and post abatement visual inspections

XII. Waste Transporter #1

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

06/19/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/19/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

Page 1 of 2

Operator Project # CEG888200		Postmark 6/19/12		Date Received		Notification #	
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description							
Building Name: Miantenace Building							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 8000 sq.ft. per floor		# of Floors: 1		Age in Years: 95 +/-			
Present Use: State Maintenance Offices & Garage		Prior Use: State Hospital Maintenance Building					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: Crothers Environmental Group, LLC							
Address: 29 Duncan Road							
City: Morrisville		State: Vermont		Zip Code: 05661			
Contact: Chris Crothers		Telephone: (802) 888-1936		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
				Category I	Category II	Category I	Category II
Pipes (linear feet)		30 (underground)					
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:				Start: 07/03/12		Complete: 12/30/12	
IX. Dates for Asbestos Removal (MM/DD/YY)				Start: 07/03/12		Complete: 08/30/12	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.

XII. Waste Transporter #1

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

06/19/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/19/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

Page 1 of 2

Operator Project # CEG888200		Postmark 6/19/12		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Dale Building							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 9,500 sq.ft. per floor		# of Floors: 4		Age in Years: 80 +/-			
Present Use: State Offices		Prior Use: State Hospital					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: Crothers Environmental Group, LLC							
Address: 29 Duncan Road							
City: Morrisville		State: Vermont		Zip Code: 05661			
Contact: Chris Crothers		Telephone: (802) 888-1936		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
				Category I	Category II	Category I	Category II
Pipes (linear feet)		200			8000		
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:				Start: 07/03/12		Complete: 12/30/12	
IX. Dates for Asbestos Removal (MM/DD/YY)				Start: 07/03/12		Complete: 08/30/12	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.

XII. Waste Transporter #1

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

06/19/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/19/12

Date

Chris Crothers - Owner's Consultant


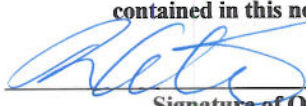
Type or Print Name and Title

Page 1 of 2

Operator Project # CEG888200		Postmark 6/19/12		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: Center Core							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 59,000 sq.ft.		# of Floors: 2		Age in Years: 108 +/-			
Present Use: Offices, Kitchen and Gymnasium		Prior Use: State Hospital Kitchen & Gymnasium					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: Crothers Environmental Group, LLC							
Address: 29 Duncan Road							
City: Morrisville		State: VT		Zip Code: 05661			
Contact:		Telephone: ()		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
			Category I	Category II	Category I	Category II	
Pipes (linear feet)		150					
Surface Area (square feet)			2000				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:				Start: 07/03/12		Complete: 12/30/12	
IX. Dates for Asbestos Removal (MM/DD/YY)				Start: 07/03/12		Complete: 08/30/12	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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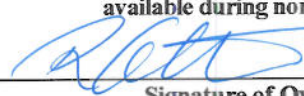

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring.		
XII.	Waste Transporter #1 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Waste Transporter #2 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Same as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>06/19/12</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>06/19/12</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		

Page 1 of 2

Operator Project # CEG888200		Postmark 6/19/12		Date Received		Notification #																													
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																			
II. Facility Description Building Name: <u>Building 10 South</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>Vermont</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location: <u>Waterbury State Complex - 103 South Main Street - Waterbury, Vermont</u> Building Size (square feet): <u>5,200 sq.ft. per floor</u> # of Floors: <u>3</u> Age in Years: <u>80 +/-</u> Present Use: <u>Offices and maintenance storage</u> Prior Use: <u>State Hospital</u>																																			
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																			
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																			
V. Facility Information Owner Name: <u>State of Vermont, Department of Buildings & General Services</u> Address: <u>2 Governor Aiken Avenue, Drawer 33</u> City: <u>Montpelier</u> State: <u>VT</u> Zip Code: <u>05633</u> Contact: <u>John Ostrum</u> Telephone: <u>(802) 828-5652</u> Fax: <u>(802) 828-3533</u> Removal Contractor Name: <u>Crothers Environmental Group, LLC</u> Address: <u>29 Duncan Road</u> City: <u>Morrisville</u> State: <u>Vermont</u> Zip Code: <u>05661</u> Contact: <u>Chris Crothers</u> Telephone: <u>(802) 888-1936</u> Fax: _____ Other Operator (demolition/general): <u>TBD</u> Address: _____ City: _____ State: <u>VT</u> Zip Code: _____ Contact: _____ Telephone: () _____ Fax: _____																																			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory</u>																																			
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td>200</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td>22,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	200					Surface Area (square feet)	22,000					Facility Components (cubic feet)					
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed																															
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VIII. Scheduled Dates Demolition or Renovation: Start: <u>07/03/12</u> Complete: <u>12/30/12</u>																																			
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>07/03/12</u> Complete: <u>08/30/12</u>																																			
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2


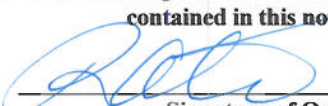
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XII	Waste Transporter #1 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Waste Transporter #2 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII	Waste Disposal Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
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XVIII	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%;"> <u>06/19/12</u> Date </div> <div style="width: 40%;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		

Page 1 of 2

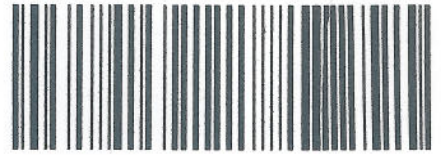
Operator Project # CEG888200		Postmark <u>6/19/12</u>		Date Received		Notification #																													
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																			
II. Facility Description Building Name: <u>"B" Building (AKA former State Hospital Building)</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>Vermont</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location : <u>Waterbury State Complex - 103 South Main Street - Waterbury, Vermont</u> Building Size (square feet): <u>6000 sq.ft. per floor</u> # of Floors: <u>3</u> Age in Years: <u>95 +/-</u> Present Use: <u>State Maintenance Offices & Garage</u> Prior Use: <u>State Hospital Maintenance Building</u>																																			
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																			
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VIII. Scheduled Dates Demolition or Renovation: Start: <u>07/03/12</u> Complete: <u>12/30/12</u>																																			
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>07/03/12</u> Complete: <u>08/30/12</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Days of the Week:</th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td>Hours of Operation:</td> <td style="text-align: center;">7-6</td> <td style="text-align: center;">7-6</td> <td style="text-align: center;">7-6</td> <td style="text-align: center;">7-6</td> <td style="text-align: center;">7-6</td> <td style="text-align: center;">7-6</td> <td></td> </tr> </tbody> </table>								Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6													
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.		
XII.	Waste Transporter #1 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Waste Transporter #2 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Same as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 06/19/12 _____ Date </div> <div style="width: 40%;"> Chris Crothers - Owner's Consultant _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 06/19/12 _____ Date </div> <div style="width: 40%;"> Chris Crothers - Owner's Consultant _____ Type or Print Name and Title </div> </div>		


CERTIFIED MAIL™



7011 1570 0000 1103 4830

From: Crothers Environmental
29 Duncan Rd
Morrisville, VT 05661

RETURN RECEIPT
REQUESTED

Ready  **Post.**

Utility Mailer

To: _____

REGISTERED MAIL™



0000 1103 4830



1000



02109

U.S. POSTAGE
PAID
WATERBURY, VT
05676
JUN 22, 12
AMOUNT

\$6.80

00088756-06

521

**RETURN RECEIPT
REQUESTED**

To: USEPA - Region 1

Demo/Reno Notifications

Boston, MA

02109-3912

**RETURN RECEIPT
REQUESTED**

Page 1 of 2

Operator Project # CEG888200		Postmark 6/22/12		Date Received		Notification #	
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description							
Building Name: Sewing Building							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 2400 sq.ft. per floor		# of Floors: 2		Age in Years: 80 +/-			
Present Use: State Offices				Prior Use: State Hospital			
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name:							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
				Category I	Category II	Category I	Category II
Pipes (linear feet)				100			
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:				Start: 07/09/12		Complete: 12/30/12	
IX. Dates for Asbestos Removal (MM/DD/YY)				Start: 07/09/12		Complete: 08/30/12	
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Asbestos-containing materials to be removed. State personnel to begin salvage operations. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.

XII. Waste Transporter #1

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

06/22/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/22/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

Page 1 of 2

Operator Project # CEG888200		Postmark 6/22/12		Date Received		Notification #	
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description							
Building Name: Old Storehouse (a.k.a. VT State Hospital Admissions Building)							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 3,300 sq.ft. per floor		# of Floors: 2		Age in Years: 90 +/-			
Present Use: State Offices				Prior Use: State Hospital Admissions			
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: John Ostrum		Telephone: (802) 828-5652		Fax: (802) 828-3533			
Removal Contractor Name: TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State: VT		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)			3000				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 07/09/12		Complete: 12/30/12			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 07/09/12		Complete: 08/30/12			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

State personnel to begin salvage operations. Asbestos-containing materials to be removed. Building will then be demolished utilizing heavy equipment, such as an excavator (after all ACM has been properly removed).

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, and post abatement visual inspections

XII. Waste Transporter #1

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: TBD

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Same as Section X above

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

06/22/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

06/22/12

Date

Chris Crothers - Owner's Consultant

Type or Print Name and Title

Page 1 of 2

Operator Project # CEG888200		Postmark 6/22/12		Date Received	Notification #	
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled						
II. Facility Description Building Name: Old Laundry Building Address: 103 South Main Street City: Waterbury State: Vermont Zip Code: 05671 County: Washington Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont Building Size (square feet): 9,100 sq.ft. # of Floors: 1 Age in Years: 100 +/- Present Use: State Offices Prior Use: State Hospital Laundry						
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training						
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33 City: Montpelier State: VT Zip Code: 05633 Contact: John Ostrum Telephone: (802) 828-5652 Fax: (802) 828-3533 Removal Contractor Name: TBD Address: City: State: Zip Code: Contact: Telephone: () Fax: Other Operator (demolition/general): TBD Address: City: State: VT Zip Code: Contact: Telephone: () Fax:						
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory						
VII. Approximate Amount of Asbestos Materials:						
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
		Category I	Category II	Category I	Category II	
Pipes (linear feet)	1					
Surface Area (square feet)		60				
Facility Components (cubic feet)						
VIII. Scheduled Dates Demolition or Renovation: Start: 08/23/12 Complete: 12/30/12						
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 07/16/12 Complete: 08/30/12						
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	